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*Ruth Montalvo*  
/ Ruth Montalvo

In the event that this paper is late filed and a necessary Petition for an Extension of Time is not concurrently filed herewith, please consider this as a Petition for the requisite extension of time, and to the extent not tendered by check attached hereto, authorization to charge the extension fee, or any other fee required in connection with this paper, to Deposit Account No. 50-1529.

Docket No. P-15/500622.20012

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**Customer ID: 026418**

**Applicants:** Daniel K. Recinella, Eamonn Hobbs

**Serial No.:** 09/919,254

**Group No.:** 3763

**Filed:** July 31, 2001

**Examiner:** Kevin C. Sirmons

**For:** Contrast Medium Delivery System And Associated Method

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT**

Sir:

In response to the Office Action dated July 19, 2004, please amend the application as follows.

## REMARKS

Claims 27-43 and 47 are pending in this application.

In the Office Action, the Examiner indicated that claims 27-34 and 47 would be allowable if they are rewritten in independent form and that claims 35-43 are allowable over the prior art. Applicant gratefully acknowledges the Examiner's indication of allowable subject matter.

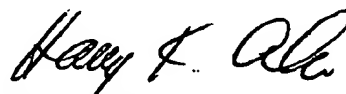
Accordingly, Applicant has rewritten allowable claim 27 as an independent claim incorporating the language of claims 24 and 26; allowable claim 28 as an independent claim incorporating the language of claim 24; allowable claim 29 as an independent claim incorporating the language of claim 24; and allowable claim 47 as an independent claim incorporating the language of claim 45. Thus, Applicant submits that claims 27-34, 35-43 and 47 are all allowable.

The Examiner maintained his rejection of claims 24, 26, 44-46 under 35 U.S.C. Section 102(b) as being anticipated by or in the alternative under 35 U.S.C. Section 103(a) as being obvious over Teirstein (U.S. Patent No. 5,779,666).

While Applicant respectfully disagrees with the Examiner, in the sole interest of advancing prosecution of this application, Applicant has cancelled all of the rejected claims.

Based upon the above amendments and remarks, applicants respectfully request reconsideration of this application and its early allowance. Should the Examiner feel that a telephone conference with applicants' attorney would expedite prosecution of this application, the Examiner is urged to contact him at the number indicated below.

Respectfully submitted,



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# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

ANGIO P-15, 50062220012

## CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	7	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	7 minus 20 =	0
INDEPENDENT CLAIMS	1 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

## SMALL ENTITY TYPE ☐

RATE	FEE
BASIC FEE	355.00
X\$ 9=	
X40=	
+135=	
TOTAL	

## OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	710.00
X\$18=	
X80=	
+270=	
TOTAL	710.00

## CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	24	21	3
Independent	4	3	1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

## SMALL ENTITY OR

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

## OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$18=	54
X80=	54
+270=	
TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	18	24	-
Independent	5	4	1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total			
Independent			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.